



HERMANN SONS LIFE

Name Change Request Form

Date _____ Certificate No. _____

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone No. _____ Social Security No. _____

In regard to the above mentioned certificate, I request the name be changed to:

The reason for this change request is:

A copy of legal documentation confirming said change must be provided.

Signature of Current Owner

Mail completed form to: Hermann Sons Life, P.O. Box 1941, San Antonio, TX 78297-1941.
Home Office Phone: 800-234-4124 or 210-226-9261 • Website: hermannsonslife.org